



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	15675P497
	First Named Inventor	Cyril Barre
	COMPLETE IF KNOWN	
	Application Number	10/727,819
	Filing Date	December 3, 2003
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below, next to my name.

I believe I am the original and first inventor (if only one name listed below) or an original and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Ice Detection Assembly Installed On An Aircraft
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(Title of the Invention)

the specification of which

☐ is attached hereto.

OR

☒ was filed on (if applicable):

or 12/03/2003 as United States Application Number 10/727,819
PCT International Application Number _____

and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application. I do not know and do not believe that the claimed invention was in public use or on sale in the United States of America more than one year prior to this application, nor do I know or believe that the invention has been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
FR 0313470	FRANCE	11/18/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith.

Direct all correspondence to: ☒ Customer Number or Bar Code Label



08791

or ☐ Correspondence address below

Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: Cyril BARRE
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])

Inventor's Signature [Signature] Date December 10, 2003

Residence 1, rue des Poulies, 36100 Issoudun Citizenship FRANCE
(City, State, Country) (Country)

Mailing Address _____
FRANCE

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: David LAPEYRONNIE

(First, Middle [if any], Family Name (or Surname), and Suffix [if any])

Inventor's Signature [Signature]

Date December 10, 2003

Residence 19, rue Jeanne de France-18340 Levet Citizenship FRANCE

(City, State, Country) FRANCE

(Country)

Mailing Address _____

NAME OF THIRD INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: Gurvan SALAUN

(First, Middle [if any], Family Name (or Surname), and Suffix [if any])

Inventor's Signature [Signature]

Date December 10, 2003

Residence 49, rue des Arènes-18000 BOURGES

Citizenship FRANCE

(City, State, Country) FRANCE

(Country)

Mailing Address _____

NAME OF FOURTH INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: _____

(First, Middle [if any], Family Name (or Surname), and Suffix [if any])

Inventor's Signature _____

Date _____

Residence _____

Citizenship _____

(City, State, Country)

(Country)

Mailing Address _____

NAME OF FIFTH INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: _____

(First, Middle [if any], Family Name (or Surname), and Suffix [if any])

Inventor's Signature _____

Date _____

Residence _____

Citizenship _____

(City, State, Country)

(Country)

Mailing Address _____

Docket No. .